

EMPLOYEE INFORMATION SHEET
Complete this form for each employee.

General Information
Employee Name: Kaitlin Brady
Address: 911 Par One Court
City, State, Zip: Port Mill SC 29715
Email Address: Kaitlin.brady@cchsmail.org
Birth Date: MM 11/DD 09/YY 90
Hire Date: MM /DD /YY
Social Security No. [Redacted]
Gender: [X] Female [] Male

Direct Deposit Information
Will this employee be paid by direct deposit?
[X] Yes. If so, please complete the Authorization of Direct Deposit form
[] No

Tax Information
Please attach or specify the following information for this employee:
[X] Attach completed federal Form W-4
[] Attach completed state withholding form. Only applicable if state income tax and filing status/allowances are different from federal
[] Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare:
[] Specify any local taxes that need to be withheld from this employee's paycheck:
Notes:

Pay Information
Which types of pay does this employee receive?
[] Salary \$ per
[] Overtime Pay
[] Double Overtime
[] Sick Pay
[] Holiday Pay
[] Vacation Pay
[] Bonus
[] Commission
[] Allowance
[] Reimbursement
[] Cash Tips
[] Paycheck Tips
[] Clergy Housing (Cash)
[] Clergy Housing (In-Kind)
[] Bereavement Pay
[] Group Term Life Insurance
[] S-Corp Owners Health Ins.
[] Personal Use of Company Car
[] Other:
Hourly Rates (up to 8 different)
[] \$25 / hour
[] \$ / hour
[] \$ / hour
[] \$ / hour
[] \$ / hour
[] \$ / hour
[] \$ / hour
[] \$ / hour

| | |
|---|---|
| Pay Frequency <input checked="" type="checkbox"/> Every Week <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every Month <input type="checkbox"/> Other _____ | Payday details Date(s) or day(s) employees paid <u>every Friday</u> (for example, the 1 st and 15 th of the month) Period Covered <u>week</u> (for example, Paycheck on the 1 st covers the 16 th to the end of the prior month) |
|---|---|

Payroll Deductions

Select the voluntary deductions that apply and enter the \$ or % amount to be deducted from each paycheck.

| Deduction | \$ Amount or % of Gross | Deduction | \$ Amount or % of Gross |
|--|-------------------------|--|-------------------------|
| <input type="checkbox"/> Pre-tax medical | | <input type="checkbox"/> 403(b) | |
| <input type="checkbox"/> Pre-tax vision | | <input type="checkbox"/> Simple IRA | |
| <input type="checkbox"/> Pre-tax dental | | <input type="checkbox"/> SARSEP | |
| <input type="checkbox"/> Taxable medical | | <input type="checkbox"/> Medical expense FSA | |
| <input type="checkbox"/> Taxable vision | | <input type="checkbox"/> Dependent care FSA | |
| <input type="checkbox"/> Taxable dental | | <input type="checkbox"/> Loan Repayment | |
| <input type="checkbox"/> 401(k) | | <input type="checkbox"/> Cash Advance | |
| <input type="checkbox"/> Simple 401(k) | | <input type="checkbox"/> Repayment | |
| | | <input type="checkbox"/> Other _____ | |

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

☐ Yes If so, attach copies of all garnishment orders

☒ No

Sick and Vacation

If this employee earns paid time off, complete the section below; otherwise, leave blank.

| | |
|---|---|
| Sick Pay | Vacation Pay |
| No. of Hours Earned Per Year <u>40</u> | No. of Hours Earned Per Year <u>70</u> |
| Max. hours accrued per year (if any) _____ | Max. hours accrued per year (if any) _____ |
| Current Balance <u>20</u> | Current Balance <u>40</u> |
| Hours are accrued: <input checked="" type="checkbox"/> As a lump sum at the beginning of year <input type="checkbox"/> Each pay period <input type="checkbox"/> Each hour worked | Hours are accrued: <input checked="" type="checkbox"/> As a lump sum at the beginning of year <input type="checkbox"/> Each pay period <input type="checkbox"/> Each hour worked |

Notes

EMPLOYER INFORMATION SHEET

General

Business Name: A Step Above Limo

Business Address: 1917 Scott Futrell Dr

City, State, Zip: Charlotte NC 28208

Filing Name (if different):

Filing Address (if different):

City, State, Zip:

Contact Name: Kaitlin Bradley

Phone: 704-605-1108

Fax:

Email: management.asals@gmail.com

Company Type: ☐ S-Corp ☐ C-Corp ☒ LLC ☐ LLP ☐ Partnership ☐ Sole Proprietor ☐ 501c3 ☐ Other

Direct Deposit

Employer Bank Routing Number:

Employer Bank Account Number:

SAMPLE A. SAMPLE
123 ANY STREET
ANYTOWN, USA 12345

Date: 2015

Pay to the
order of: \$

Dollars

For: 02650034504545

ROUTING

Confidential

Principal Officer's Name: Ayman Abusamalk

Principal's Social Security Number:

Principal's Date Of Birth: 6/6/79

Federal law requires that we store and verify information about the principal officer to help prevent money laundering and the funding of terrorist activity. The principal officer is the person who is the main contact for the bank account from which electronic payments (including direct deposit) are made.

Payroll

No. of W-2 employees 3

No. of 1099 contractors to be paid through payroll 1

First Date To Run Payroll MM 8 / DD 3 / YY 18

Federal EIN

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☐ Applied For

State Employer Account No. ☐ Applied For

State Unemployment No. ☐ Applied For

State Unemployment Insurance Rate % (if known)

Other state tax rates, if applicable:

Federal Deposit Schedule

☐ Monthly ☒ Semi-Weekly ☐ Other

State Deposit Schedule

Only applicable to states with income tax

☒ Same as federal ☐ Other